

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/088830**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		8		1		
5		8		1		
6		8		1		
7	1		1			
8	1		1			
9		2		1		
10		8		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		8		1		
16		1		1		
17	1		1			
18	1		1			
19		1		1		
20		1		1		
21		1		1		
22		8		1		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29	1		1			
30	1		1			
31	1		1			
32	3		1			
33	8		1			
34	8		1			
35	8		1			
36	8		1			
37	8		1			
38	1		1			
39	1		1			
40	1		1			
41	1		1			
42	2		1			
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47		1		1		
48						
49						
50						
TOTAL IND.			8			
TOTAL DEP.		↓	39	↓		↓
TOTAL CLAIMS			47			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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98								
99								
100								
TOTAL IND.								
TOTAL DEP.		↓			↓		↓	
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3631